PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

				or]	Eax (703) 746-4000			
IN: app ind ma	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEB ADDRESS" for maintenance fee outifications.							
	CURRENT CORRESPONDENC	ny change of address) Note: A cer Fcc(s) Trans papers, Eacl		Note: A certificate of Foc(s) Transmittal. The papers. Each additions	mailing can only be used f is certificate cannot be used al paper, such as an assignme e of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, mus		
		590 05/05/2005						
	ARTZ & ARTZ, 28333 TELEGRAP SUITE 250				I hereby certify that it States Postal Service v addressed to the Mai	rtificate of Mailing or Tran- nis Fec(s) Transmittal is bein with sufficient postage for final I Stop ISSUE FEE address TO (703) 746-4000, on the	smission g deposited with the Units st class mail in an envelop above, or being facsimil	
27/2005	SOUTHFIELD, M. HDENESS2 0000002	I 48034 3 070845 10707292			Jo Anne C		(Depositor's name)	
FC:1501 FC:1504	1400.00 DA 300.00 DA				June 27,	el Cross 2005	(Signature) (Date)	
Г	APPLICATION NO.	FILING DATE	P	TRST NAME	DINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
<u> </u>	10/707,292 12/03/2003		Patrick H		. Le Roux	GEMS 0186 PA	1291	
Ti	ile of invention: N	MR EXCITATION METH	ac					
	APPLN. TYPE	SMALL ENTITY	15\$V £ F £	É	PUBLICATION FEB	TOTAL PEE(S) DUE	DATE DUE	
	nonprovizional	NO	\$1400		\$300	\$1700	08/05/2005	
	EXAMINER		ART UNIT		CLASS-SUBCLASS	J		
	SHRIVASTAV, BRIJ B		2859		324-309000			
	Change of correspondence R 1.363). Change of correspond Address form PTO/SB/1/2 "Fee Address" indices PTO/SB/47; Rev 03-02 (Number is required.	Correspondence	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
	(A) NAME OF ASSIGN	ee	(B)	RESIDENC	CE: (CITY and STATE OR CO	UNTRY)		
	GE Medical Systems Global Technology Co., LLC Waukesha, WI USA: Please check the appropriate assignce category or categories (will not be printed on the patent):							
						orporation or other private gr	oup catity U Governmen	
	The following fee(s) are	enclosed:		Payment of		alored		
- 7	Publication Pee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.				
	Advance Order - # of			ctor is hereby outhorized by a		credit any overpayment, i		
1	a. Applicant claims Si	(from status indicated above MALL ENTITY status. See) 97 CFR 1.27.	D b. Applic	ant is no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
The NO inte	Director of the USPTO in The Issue Fee and Proceedings as shown by the reco	is requested to apply the Issu ublication Fee (if required) words of the United States Pate	e Fee and Publicati vill not be accepted at and Trademark (on Fee (if an from anyone Office.	ny) of to re-apply any previousle other than the applicant; a regi	y paid issue fee to the application of the application of the agent; or the agent, or	ation identified above, he assignee or other party i	
4	Authorized Signature	Jeffy J. C	27			June 27, 2005		
	Typed or printed name		app			No. 50,579		
					to obtain or retain a benefit by t lection is estimated to take 12 to non the individual case. Any co- nation Officer, U.S. Parent and FORMS TO THIS ADDRESS			
					nation Officer, U.S. Patent and FORMS TO THIS ADDRESS dection of information unless it			

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



ntellectural Property and Technology Related Causes

FACSIMILE TRANSMITTAL SHEET

Fax: (248) 223-9522 Phone: (248) 223-9500

To:

Issue Fee

Company:

USPTO

Fax No.:

703-746-4000

From:

Jeffrey J. Chapp

Date:

June 27, 2005

Your File No.:

10/707,292

Our Ref. No.:

126475 (GEMS 0186 PA)

Comments:

See attached Issue Fee Transmittal relative to

Serial No. 10/707,292. Thank you.

Total Pages (incl. Cover sheet) 2

The information contained in this facsimile message may be confidential and/or legally privileged information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any copying, dissemination or distribution of confidential or privileged information is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and we will arrange for the return of the facsimile. Thank you.

If there are any problems during transmission, please call: (248) 223-9500.

Jo Anne Croskey (Operator)

28333 TELEGRAPH ROAD, SUITE 250, SOUTHFIELD, MICHIGAN 48034 TELEPHONE: (248) 223-9500 -- FACSIMILE: (248) 223-9522